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perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 9APTO Complete If Known 10/804,365 Application Number INFORMATION DISCLOSURE Filing Date 03/19/2004 STATEMENT BY APPLICANT First Named Inventor Klaus-Dieter Arich Ad Unit 3722 (Use as many sheets as necessary) N/A Examiner Name Sheet of 2 P-US-PR 1095 Attorney Dockel Number

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Examinar	Cite No.	Document Number	Publication Date	Name of Patentee or Applicant of	Pages, Columns, Lines, Where Relevant			
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•				Application Number	10/804,365			
INF	FORMAT	ION DIS	CLOSURE	Filing Date	03/19/2004			
ST	ATEMEN	IT BY A	PPLICANT	First Named Inventor	Klaus-Dieter Arich			
				Art Unit	3722			
	(Use as m	any sheets as	necessary)	Examiner Name	N/A			
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	Cite No.1	Cite No.¹  Country Code³ - Number⁴ - Kind Code⁵ (if known)	Cite No. 1 Foreign Patent Document  Country Code 3 - Number 4 - Kind Code 5 (if known)  Publication Date MM-DD-YYYY	Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (if known)  Publication Date MM-DD-YYYY  Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (if known)  Publication Date Mand of Patentee or Applicant of Cited Document	Cite No. 1  Country Code 3 - Number 4 - Kind Code 5 (if known)  Publication Date Document  Publication Date Document  Name of Patentee or Applicant of Cited Document  Passages or Relevant Figures Appear

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